

DECLARATION**SOLE/JOINT INVENTOR
ORIGINAL/SUBSTITUTE/CIP**

As a below named inventor, I hereby declare that: my residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first, and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"AUTOMATIC SURGICAL SPONGE COUNTER AND BLOOD LOSS DETERMINATION SYSTEM"

as described in the specification [X] attached or [] of patent Application Serial No. _____

filed _____ and amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above; that I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application; that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months prior to this application; and that I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations § 1.56(a). Such information is material when it is not cumulative to information already of record or being made of record in the application, and

(1) it establishes, by itself or in combination with other information, a prima facie case of unpatentability of a claim; or

(2) it refutes, or is inconsistent with, a position the applicant has taken or may take in:

(i) opposing an argument of unpatentability relied on by the Office, or

(ii) asserting an argument of patentability.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 of any foreign application(s) for patent or inventor's certificates listed below and have also identified below any foreign application(s) having a filing date before that of the application(s) on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35 United States Code § 120 of any United States application(s) listed below and, insofar as any subject matter of any claim of this application is not disclosed in the prior United States Application, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations § 1.56(a) which occurred between the filing date of the prior application and the national PCT international filing date of this application:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

10 FULL NAME OF SOLE OR FIRST INVENTOR SHARON L. MORRIS		INVENTOR'S SIGNATURE <i>Sharon L. Morris</i>	DATE 8/3/94
RESIDENCE RIVER RIDGE, LA		CITIZENSHIP U.S.A.	
POST OFFICE ADDRESS 433 TIFFANY DRIVE, RIVER RIDGE, LA 70123			
20 FULL NAME OF SECOND JOINT INVENTOR DEAN E. MORRIS		INVENTOR'S SIGNATURE <i>Dean E. Morris</i>	DATE 8-3-94
RESIDENCE RIVER RIDGE, LA		CITIZENSHIP U.S.A.	
POST OFFICE ADDRESS 433 TIFFANY DRIVE, RIVER RIDGE, LA 70123			
FULL NAME OF THIRD JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant/Patentee:
SHARON L. MORRIS and
DEAN E. MORRIS



Filed/Issued:

Serial No./Pat. No.:

For: "AUTOMATIC SURGICAL SPONGE
COUNTER AND BLOOD LOSS
DETERMINATION SYSTEM"

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Group Art Unit:

Examiner:

Atty File: A94087US

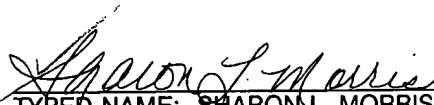
POWER OF ATTORNEY BY INVENTOR


As a named inventor, I hereby revoke all previous powers of attorney and appoint the following attorneys to conduct the prosecution of this and related applications and transact all business in the U.S. Patent and Trademark Office and foreign patent offices connected therewith:

³ CHARLES C. GARVEY, JR.
GREGORY C. SMITH
SETH M. NEHRBASS

Reg. No. 27,889
Reg. No. 29,441
Reg. No. 31,281

Please direct all communications to: PRAVEL, HEWITT, KIMBALL & KRIEGER, 1177 West Loop South, 10th Floor, Houston, Texas 77027-9095, (713)850-0909, to the attention of: SETH M. NEHRBASS. ↑


TYPED NAME: SHARON L. MORRIS
DATE: 8/3/94


TYPED NAME: DEAN E. MORRIS
DATE: 8-3-94

TYPED NAME: _____
DATE: _____

TYPED NAME: _____
DATE: _____

Applicant(s): SHARON L. MORRIS and DEAN E. MORRIS

Serial

Filed:

For: "AUTOMATIC SURGICAL SPONGE COUNTER AND BLOOD LOSS DETERMINATION SYSTEM"

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(c)) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled "Automatic Surgical Sponge Counter and Blood Loss Determination System" by inventor(s) Sharon L. Morris and Dean E. Morris described in:

☒ the specification filed herewith
 application serial No. _____, filed _____
 patent No. _____, issued _____.

I have not assigned, granted, conveyed, or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

☐ no such person, concern, or organization
☒ persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

FULL NAME: Surgical Resources, LLC

ADDRESS: P.O. Box 2988, Covington, LA. 70434-2988
☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME: _____

ADDRESS: _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

SHARON L. MORRIS

DEAN E. MORRIS

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature/Inventor

Signature/Inventor

Signature/Inventor

DATE

DATE

DATE

Applicant(s): SHARON L. MORRIS and DEAN E. MORRIS

Serial: 1

Filed:

For: "AUTOMATIC SURGICAL SPONGE COUNTER AND BLOOD LOSS DETERMINATION SYSTEM"

MAILED ROOM 30
AUG 15 1994
FBI & TRADE
VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

_____ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act
 on behalf of the concern identified below:

NAME OF CONCERN: SURGICAL RESOURCES, LLC

ADDRESS OF CONCERN: P.O. Box 2988
Covington, LA. 70434-2988

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR §121.3-18, and reproduced in 37 CFR §1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled "Automatic Surgical Sponge Counter and Blood Loss Determination System" by inventor(s) Sharon L. Morris and Dean E. Morris described in:

☒ the specification filed herewith
 _____ application serial No. _____, filed _____
 _____ patent No. _____, issued _____.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR §1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

FULL NAME: _____

ADDRESS: _____

() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR §1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: DEAN E. MORRISTITLE OF PERSON OTHER THAN OWNER: MANAGEMENT COMMITTEE MEMBERADDRESS OF PERSON SIGNING: 433 TIFFANY DRIVE, RIVER RIDGE, LA 70123SIGNATURE Dean E. MorrisDATE 8-3-94